

2007 Education-at-Work Scholarship Guidelines

Who and what are the scholarships for?

The Education Cabinet will award \$1,000 scholarships to encourage agency customers to pursue postsecondary education.

Scholarships in the sum of \$1,000 must be used for tuition, books, lab and technology fees at a Kentucky postsecondary institution.

Are there requirements?

An applicant must be a Kentucky resident.

An applicant must have received services for any period of time between January 1, 2005 -April 30, 2007 from any of these Education Cabinet agencies: Office for the Blind; Office of Employment and Training; Office of Career and Technical Education; Office of Vocational Rehabilitation; and Kentucky Adult Education. Examples of services include Workforce Investment Act, unemployment insurance, vocational rehabilitation, dislocated worker program, area technology centers and adult learning centers.

An applicant must be enrolled in a Kentucky postsecondary educational institution for fall 2007.

An applicant must demonstrate excellent character. Two character reference letters from persons not related to the applicant shall be submitted. Letters should attest to the applicant's potential for success in postsecondary education. Address letters "To Whom It May Concern."

An applicant must write an essay limited to 600 words on Kentucky's brand "Unbridled Spirit" and how this theme relates to your educational and career goals. (What it means: Kentucky is a place where spirits are free to soar and big dreams can be fulfilled. We relish competition and cherish our champions for their willingness to push beyond conventional boundaries to reach new heights of success.) Your essay should describe how the Education Cabinet service you used will help achieve these goals. Essays must be original work and can be typed or neatly handwritten. Please include your name on essay.

Where do I submit an application?

The completed scholarship application and required attachments (reference letters and essay) must be **submitted in one envelope and postmarked by April 30, 2007. The applicant will be disqualified if the application is incomplete or materials submitted separately.**

Use this checklist before you mail. Have you:

- Completed all information on the application, including **applicant and witness signatures?**
- Attached two character reference letters?
- Written and attached an essay; name included?
- Included all materials in one envelope? **Do not staple.**

Mail to:

Education Cabinet
ATTN: Wynee Hecker
Office of Communication
Capital Plaza Tower, 3rd floor
500 Mero Street
Frankfort, KY 40601

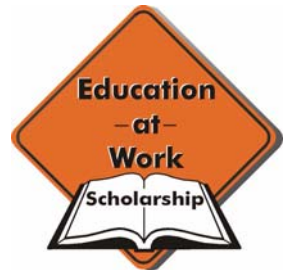
Results will be announced by June 30, 2007. For more information, contact Wynee Hecker at 502-564-6606, ext. 128 or at WyneeJ.Hecker@ky.gov.



Laura E. Owens, Secretary, Education Cabinet
www.educationcabinet.ky.gov
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2007 Education-at-Work Scholarship Application



[Please print neatly or type. All blanks on the application form must be filled in with information or N/A (not applicable). Incomplete applications will be disqualified.]

Full Name _____ County of Residence _____

Address _____ City _____ Zip Code _____

Social Security # _____ Date of Birth _____ Age _____ Phone # () _____

E-mail address (if applicable) _____

If you do not have a phone or e-mail, list a name and phone number to contact in order to reach you.

How did you hear about the scholarship? _____

Education Background

High School or Adult Education Program Name _____

City _____ State _____ Earned High School Diploma/GED on this date _____

Kentucky Postsecondary Education

(List "undecided" as the institution name if you do not know at this time which school you'll attend in fall 2007.)

Institution Name _____ Address _____

City _____ Zip Code _____ Date Enrolled _____ Planned Field of Study _____

Circle One: Full-time Student Part-time Student *(Scholarship checks will be made payable to institution.)*

Program Verification

(Applicant MUST HAVE his/her LOCAL SERVICE PROVIDER complete this section.)

Program(s) /Service(s) Applicant Enrolled in _____ Dates of Service from _____ to _____
(mo/yr) (mo/yr)

I hereby verify that this applicant is/was enrolled in an Education Cabinet program/service during the period listed above.

Agency Employee/Service Provider (print name) _____ Date _____

Agency Employee/Service Provider (signature) _____ Phone # () _____

Work Address _____ City _____ Zip Code _____

E-mail Address _____

Applicant Signature

If I apply for a scholarship, I give permission to the Education Cabinet to use my name, information from my application (except for address and SSN) and essay along with photographs in any public relations or public information materials, and I release the cabinet, its agencies, agents and assigns from any claims, demands or actions as a result of use of this information.

If I am awarded the scholarship, I represent that the scholarship monies will be used as described in the scholarship guidelines and for no other purpose and agree to reimburse the cabinet for any monies received and not used in accordance with the scholarship guidelines. If for any reason I do not attend school as stated in this application, I understand that I am expected to return the scholarship given to me by the Education Cabinet.

Signature of Applicant _____ Date _____

Signature of Witness _____ Date _____

See scholarship guidelines for other submission requirements. **Application packets must be postmarked by April 30, 2007.**